

REQUIRED FOR APPLICATION B APPROVAL

Producer Diversification

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
OR Limited Liability Company (LLC) formed as a Disregarded Entity
- 7) A valid trust, estate, or pension trust
- 8) Corporation **OR** Limited Liability Company (LLC) formed as a Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization
(for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership **OR** Limited Liability Company (LLC) formed as a Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government Agencies and organizations which are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

1) If you circled number 1-5 above, fill in your Social Security Number.

____ - ____ - ____

2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____



Producer Diversification

2012 Cost Share Application – Application B

Office Use Only
Date Received

Application B general instructions are available online at www.tn.gov/taep or from your local extension office.

1. APPLICANT INFORMATION

Taxpayer ID Information List only one number		Social Security Number (XXX-XX-XXXX)		or	Federal Tax ID# (XX-XXXXXXX)		
Last Name		First Name		Middle Name		Title	Suffix
						<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> JR <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> SR	
Address Type	Street	City		ST	Zip Code	County	
Mailing				TN			
Residential				TN			
Home Phone		Cell Phone		E-mail			

2. FARM/PREMISES INFORMATION

Farm Street Address		Farm City		ST	Zip Code	Farm County
				TN		
Premises Account #		Premises ID #		Property Ownership		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE
<ul style="list-style-type: none">❖ TDA Premises Registration is required if applicant has livestock on their operation.❖ Applicant name must match contact name (primary or alternate) listed on premises account to be eligible.❖ Farm address must match address registered for Premises ID # listed.❖ If applicant does not have livestock on their operation, list farm address and indicate property ownership only.						

3. INDUSTRY SECTOR

Check primary sector that applies to your cost share request.

<input type="checkbox"/> Agritourism	<input type="checkbox"/> Fruits & Vegetables	<input type="checkbox"/> Honey Bees
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Organics	<input type="checkbox"/> Value-Added Products

4. MASTER PRODUCER – Special Requirements for 50% Cost Share

- ❖ Each industry sector has an opportunity to receive a 50% cost share.
- ❖ Events or certifications that qualify are listed on page 17.
- ❖ All events or certifications must have been completed from 2010-2013 and by the reimbursement deadline.
- ❖ Attendance/certification must be completed by the applicant. No substitutions allowed.

☐ YES – I've completed the requirements for 50% ☐ YES – I plan to complete the requirements for 50% ☐ NO – Not interested

5. APPLICATION PROPOSAL - continued on back

- ❖ Complete application proposal questions listed on the reverse of this page.
- ❖ Proposals must be typed in requested format and no longer than five pages in length, excluding cost quotes.
- ❖ General instructions and proposal guide is available upon request.

6. APPLICANT AGREEMENT

- I certify that I am a resident of Tennessee and that I am at least 18 years old on application date.
- I have reviewed and understand all of the guidelines listed in this application booklet.
- I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.

Print Applicant Name	Date	Applicant Signature



(5. APPLICATION PROPOSAL – continued from front)**1) Briefly describe your agricultural operation.**

- a. Industry sector (s)/type of business
- b. Years in business - (1) production agriculture and (2) other agribusiness (e.g. agritourism, garden center, etc.)
- c. Number of employees - full, part-time, seasonal
- d. Acreage in production
- e. Sales income from on-farm production agriculture – based on sales for the last 3 years (2009, 2010, 2011)
- f. Sales income from other products, services, and/or events – based on sales for the last 3 years (2009, 2010, 2011)
- g. Types of products produced – currently and previously
- h. Indicate any expansions or downsizing – past, present, future

2) If you have applied for TAEP cost share previously, list each cost share received in the format provided below.

Fiscal Year	Program	Project Description	\$ Allocated/\$ Paid
FY11-12	Producer Diversification	Greenhouse	\$ 5,600 / \$ 5,485

3) Describe your proposed cost share project(s).

- a. List each proposed project (e.g., greenhouse, retail shelter, sprayer, website)
- b. List projected increase in annual income generated for the next three years as a result of your project(s)
- c. Explain how each project will improve or expand your operation
- d. Indicate whether you had help in planning this project from a county extension agent, industry expert, specialized group or association. List key individuals and their titles.

4) Outline the steps and time line for completing your project(s) by program deadline of May 1, 2013.**5) Summarize your marketing plan for your diversified agricultural products.**

- a. List how and where your products are or will be sold
- b. Specify marketing activities that are currently utilized in your operation (e.g., auctions/organized sales, brochures, e-commerce, print media, radio, signs, television, website, etc.)
- c. Competitive advantage (indicate what sets your product apart from your competitors)

6) Provide a detailed, line-item budget for each proposed project using the format presented below.

- a. Research all costs associated with project(s). List each item and its cost on a separate line. Provide the source of the cost quote with a phone number or attach a written cost estimate from the vendor, with complete contact information for the vendor.
- b. Written cost estimates are required if projects are: large scale (e.g., greenhouse, retail shelter, restrooms), include many components (e.g., irrigation system), or involve labor.
- c. **LABOR:** In order to be eligible for cost share reimbursement, labor must be quoted and performed by a contractor. Labor is NOT eligible for reimbursement if performed by the applicant or their employees.
- d. The total amount of cost share requested cannot exceed the maximum of \$10,000 (35%) or \$15,000 (50%).

Follow sample budget format table below:

Item Description	Source of Cost Quote	Cost	Cost Share %	Request
Greenhouse (16 x 95)	JR Construction – see attached quote	\$7,800.00	50%	\$ 3,900.00
Sign – vinyl banner	FedExKinko's 615-771-7999	\$ 225.00	50%	\$ 112.50
Total Amount of Cost Share Requested:				\$4,012.50

7. HOW TO SUBMIT "APPLICATION B"

- ☐ Fill in all blanks and check appropriate boxes where requested.
- ☐ Attach application proposal and cost quotes.
- ☐ Attach Substitute W-9 form (page 20).
- ☐ NO FAXES OR EMAILS ACCEPTED - Applications are only accepted by mail or hand delivery.

Mail to: TN Dept. of Agriculture
Attn: TAEP FY2012-B
P.O. 40627
Nashville, TN 37204

Applications must be postmarked June 1 – 7, 2012 or hand delivered during the same period.

Applicant will be notified in writing of approval or denial of application. Allow 10 weeks for processing.